Claims:

1. Use of an IFN-β therapeutic in the manufacture of a medicament for the treatment of a chronic demyelinating motor neuropathy.

2. The use of claim 1, wherein the IFN-β therapeutic is administered via a non-subcutaneous parenteral route.

3. The use of claim 2, wherein the IFN-β therapeutic is administered intramuscularly.

4. The use of any one of claims 1-3, wherein the chronic demyelinating motor neuropathy is chronic inflammatory demyelinating neuropathy (CIDP).

5. The use of any one of claims 1-4, wherein the IFN-β therapeutic comprises mature IFN-β.

6. The use of any one of claims 1-5, wherein the IFN-β therapeutic lacks the first methione.

7. The use of any one of claims 1-6, wherein the IFN-β is human IFN-β.

8. The use of claim 7, wherein the IFN-β is at least about 95% identical to full length mature human IFN-β having SEQ ID NO: 4.

9. The use of claim 8, wherein the IFN-β comprises SEQ ID NO: 4.

10. The use of any one of claims 1-9, wherein the IFN-β is glycosylated.

11. The use of any one of claims 1-9, wherein the IFN-β is not glycosylated.

12. The use of claim 7, wherein the IFN-β is IFN-β-1a.

13. The use of claim 7, wherein the IFN-β is IFN-β-1b.

14. The use of any one of claims 1-13, wherein the IFN-β therapeutic comprises IFN-β fused to the constant domain of an immunoglobulin molecule.

15. The use of claim 14, wherein the immunoglobulin molecule is a human immunoglobulin molecule.

16. The use of claim 15, wherein the immunoglobulin molecule is the heavy chain of IgG1.

17. The use of claim 16, wherein the IFN-β comprises SEQ ID NO: 14.

18. The use of any one of claims 1-17, wherein the IFN-β therapeutic comprises a pegylated IFN-β.

19. The use of any one of claims 1-18, wherein the IFN-β therapeutic comprises a stabilizing agent.

20. The use of claim 19, wherein the stabilizing agent is an acidic amino acid.

21. The use of claim 20, wherein the stabilizing agent is arginine.

22. The use of any one of claims 1-21, wherein the IFN-β therapeutic has a pH between about 4.0 and 7.2.

23. The use of any one of claims 1-2 and 4-22, wherein the IFN-β therapeutic is administered intravenously (i.v.).

24. The use of any one of claims 1-23, comprising administering to the mammal several doses of an IFN-β therapeutic.

25. The use of claim 24, wherein the IFN-β therapeutic is administered weekly at a dose of about 6 MIU.

26. The use of claim 24, wherein the IFN-β therapeutic is administered twice a week at a dose of about 6 MIU.

27. The use of claim 24, wherein the IFN-β therapeutic is administered weekly at a dose of about 12 MIU.

28. The use of claim 24, wherein the IFN-β therapeutic is administered twice a week at a dose of about 12 MIU.

29. The use of any one of claims 1-28, wherein the mammal is a human.

30. The use of any one of claims 1-29 for the preparation of a medicament that is administered to a subject who has not previously been found to be resistant to other treatments for the chronic demyelinating neuropathy.

31. The use of any one of claims 1-30, wherein the medicament is administered in a combination treatment comprising an immunosuppressant or plasmapheresis.

32. The use of claim 30, wherein the medicament is administered in a combination treatment comprising an immunosuppressant selected from the group consisting of a steroid, azothioprine, cyclosporin, cyclophosphamide, and mycophenolate.

33. The use any one of claims 2-32, wherein the medicament is administered in a combination treatment comprising a second CIDP treatment, wherein administration of the IFN-β therapeutic is via a non-subcutaneous parenteral route.

34. The use any one of claims 2-32, wherein the medicament is administered in a combination treatment comprising a second CIDP treatment, wherein administration of the IFN-β therapeutic is weekly.

35. The use of claim 33 or 34, wherein the second CIDP treatment is selected from the group consisting of administration of IVIg; administration of a steroid; administration of an anti-inflammatory drug and plasmapheresis.

36. The use of any one of claims 1-30, wherein the medicament is administered to a subject being treated with another treatment for a chronic demyelinating motor neuropathy and the treatment further comprises phasing out the other treatment.

37. A method for treating a chronic demyelinating motor neuropathy in a mammal, comprising administering to the mammal a therapeutically effective amount of an IFN-β therapeutic.

38. The method of claim 37, wherein the IFN-β therapeutic is administered via a non-subcutaneous parenteral route.

39. The method of claim 37, wherein the IFN-β therapeutic is administered intramuscularly.

40. The method of claim 37, wherein the chronic demyelinating motor neuropathy is chronic inflammatory demyelinating neuropathy (CIDP).

41. The method of any one of claims 37-40, wherein the IFN-β therapeutic comprises mature IFN-β.

42. The method of any one of claims 37-41, wherein the IFN-β therapeutic lacks the first methione.

43. The method of any one of claims 37-42, wherein the IFN-β is human IFN-β.

44. The method of claim 43, wherein the IFN-β is at least about 95% identical to full length mature human IFN-β having SEQ ID NO: 4.

45. The method of claim 44, wherein the IFN-β comprises SEQ ID NO: 4.

46. The method of any one of claims 37-45, wherein the IFN-β is glycosylated.

47. The method of any one of claims 37-46, wherein the IFN-β is not glycosylated.

48. The method of claim 43, wherein the IFN-β is IFN-β-1a.

49. The method of claim 43, wherein the IFN-β is IFN-β-1b.

50. The method of any one of claims 37-49, wherein the IFN-β therapeutic comprises IFN-β fused to the constant domain of an immunoglobulin molecule.

51. The method of claim 50, wherein the immunoglobulin molecule is a human immunoglobulin molecule.

52. The method of claim 51, wherein the immunoglobulin molecule is the heavy chain of IgG1.

53. The method of claim 52, wherein the IFN-β comprises SEQ ID NO: 14.

54. The method of any one of claims 37-53, wherein the IFN-β therapeutic comprises a pegylated IFN-β.

55. The method of any one of claims 37-54, wherein the IFN-β therapeutic comprises a stabilizing agent.

56. The method of claim 55, wherein the stabilizing agent is an acidic amino acid.

57. The method of claim 56, wherein the stabilizing agent is arginine.

58. The method of any one of claims 37-57, wherein the IFN-β therapeutic has a pH between about 4.0 and 7.2.

59. The method of any one of claims 37-38 and 40-58, wherein the IFN-β therapeutic is administered intravenously (i.v.).

60. The method of any one of claims 37-60, comprising administering to the mammal several doses of an IFN-β therapeutic.

61. The method of claim 60, wherein the IFN-β therapeutic is administered weekly at a dose of about 6 MIU.

62. The method of claim 60, wherein the IFN-β therapeutic is administered twice a week at a dose of about 6 MIU.

63. The method of claim 60, wherein the IFN-β therapeutic is administered weekly at a dose of about 12 MIU.

64. The method of claim 60, wherein the IFN-β therapeutic is administered twice a week at a dose of about 12 MIU.

65. The method of any one of claims 37-64, wherein the mammal is a human.

66. A method for treating CIDP, comprising administering to a subject having CIDP a pharmaceutically effective amount of an IFN-β therapeutic and further administering to the subject an immunosuppressant or subjecting the subject to plasmapheresis.

67. The method of claim 66, comprising administering to the subject an immunosuppressant selected from the group consisting of a steroid, azothioprine, cyclosporin, cyclophosphamide, and mycophenolate.

68. A method for treating CIDP, comprising administering to a subject having CIDP a pharmaceutically effective amount of an IFN-β therapeutic in combination with a second CIDP treatment, wherein administration of the IFN-β therapeutic is via a non-subcutaneous parenteral route.

69. The method of claim 68, wherein the second CIDP treatment is selected from the group consisting of administration IVIg; administration of a steroid; administration of an anti-inflammatory drug and plasmapheresis.

70. A method for treating CIDP, comprising administering to a subject having CIDP a pharmaceutically effective amount of an IFN-β therapeutic in combination with a second CIDP treatment, wherein administration of the IFN-β therapeutic is weekly.

71. The method of claim 70, wherein the second CIDP treatment is selected from the group consisting of administration of IVIg; administration of a steroid; administration of an anti-inflammatory drug and plasmapheresis.

72. In a method of treating CIDP in a subject receiving a first CIDP treatment selected from the group consisting of administration of a steroid; administration of an anti-inflammatory drug; administration of IVIG and plasmapheresis, the improvement comprising administering to the subject, in addition to the first CIDP treatment, a dose of an IFN-β therapeutic in an amount effective to significantly reduce the dose

or frequency of the first CIDP treatment, wherein administration of the IFN-β therapeutic is via a non-subcutaneous parenteral route, to provide effective relief from symptoms of CIDP.

73. In a method of treating CIDP in a subject receiving a first CIDP treatment selected from the group consisting of administration of a steroid; administration of an anti-inflammatory drug; administration of IVIG and plasmapheresis, the improvement comprising administering to the subject, in addition to the first CIDP treatment, once a week a dose of an IFN-β therapeutic in an amount effective to significantly reduce the dose or frequency of the first CIDP treatment, to provide effective relief from symptoms of CIDP.

74. In a method of treating CIDP in a subject receiving a first CIDP treatment selected from the group consisting of administration of a steroid; administration of an anti-inflammatory drug; and plasmapheresis, the improvement comprising administering to the subject, in addition to the first CIDP treatment, a dose of an IFN-β therapeutic in an amount effective to significantly reduce the dose or frequency of the first CIDP treatment, to provide effective relief from symptoms of CIDP.